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ABSTRACT

This publication presents an overview of adolescent pregnancy, including national and state statistical information; funding sources for teen pregnancy prevention programs; examples of the effects of teen pregnancy prevention on society; illustrations of teenagers' perspectives on the issue; recent developments and initiatives in the arena of teen pregnancy prevention; and examples of programs that have been implemented across the states. An overview explains that teen birth rates are down for the first time in more than 10 years, but the United States still has higher teen pregnancy rates than any other industrialized nation. The overview notes that prevention efforts make a significant difference. Stories from several teenage parents emphasize the complexities and difficulties of being teen parents. A listing of national resources that exist to help federal, state, and local policymakers better understand the issue of adolescent pregnancy is presented. The resource listings include a description of the organization and contact information. (SM)

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Tee[illegible]nancy Prevention

A L[illegible] Guide

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Stories From Teen Parents I

Children of Children: Portraits and Stories of Teenage Parents

An Exhibition by Michael Nye

The portraits and stories that accompany this guide are part of a travelling exhibition that presents 50 portraits and audio stories of men and women who range in age from 12 to 100. They either currently are teenage parents or at one time were teenage parents. The project's intention is not to condemn, condone or romanticize teenage pregnancy in any way, but to explore the context of young pregnancy and parenting in our society. For more information regarding leasing the exhibit or the explanatory video, contact michaelnye@aol.com.

Becky

My name is Becky and I am 16 years old. I became pregnant at the age of 15. I am a junior in high school and I'm currently living at home with my parents, along with my daughter Amarisa Marie who is one month old.

I come from a big family and I have four other brothers and sisters. My parents were the [kind of] parents that you could say are really all around good parents. They support us in sports [and] anything we want to do. Any time we need to talk, they're always there and they are very supportive of everything. They are also really strict. I have a sister who is 21 [years old] and she still has a curfew.

I was in the 6th grade when I first saw Gerry and I had the biggest crush on him. It was just love at first sight for me. I was 15 when I first had sex with Gerry and it wasn't until four months later when I first started realizing that I could be pregnant.

Becky (continued)

I remember seeing the sonogram and I just couldn't believe my eyes that the baby was inside of me. I was so desperate when I found out that I was pregnant. I was scared out of my mind. I was thinking of ways that I could kill the baby myself, as in if I didn't get prenatal care or if I kept jogging or if I kept doing everything that I was doing, that maybe I would lose the baby. I knew that was stupid, so I didn't do any of that. I just thought that I couldn't hurt my parents [by letting them know].

I finally got the courage to talk to my older sister. The words just couldn't come out and as soon as I told her she cried. And then she told me that I was going to have to tell my Mom and Dad. Even though now that Amarisa is here and [my parents] are dealing with it, and my Dad still tells me, in fact he told me just yesterday, "She's perfect, she's perfect," ... it's just the wrong time [for me to have a child].

Destiny

My name is Destiny. I am 18, I am still in high school and I have a daughter who is one year old. She was conceived when I was 16. Her father and I are still together. His name is Ali. We plan to get married later on in life.

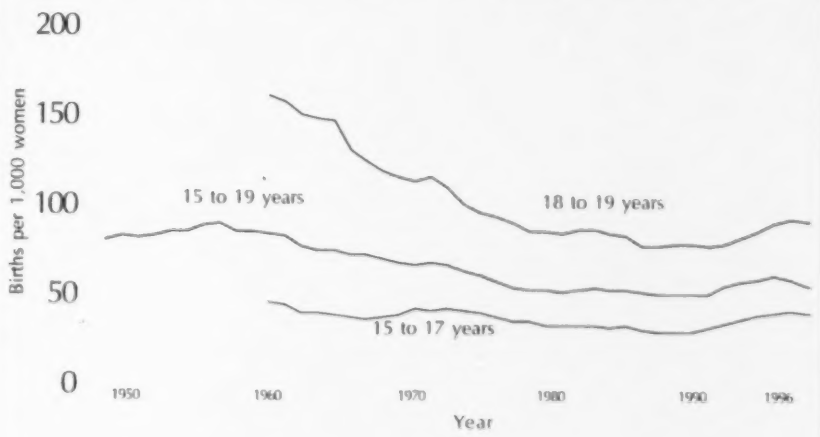
Why did I get pregnant in the first place? Well, it was a spur of the moment [kind of thing]. It happened... and that was the first time that we had ever had sex without protection. [So] now I'm a mother.

What do people think about teenage mothers? They think we can't do it on our own, that we can't survive on our own. They think we need welfare help, we need Medicaid and all these other things. They think that we're whores. They think that we're weak. If you [as parents] struggle with your kids [financially or otherwise, that will] show them the way to be when they get older, you'll show them the way not to be.

Statistics and Data About Teen Pregnancy

"The fact the (birth) rates have dropped is encouraging, but we can't stop now."—Arkansas Senate President Pro Tem Jay Bradford.[1]

Figure 1. Birth Rates for Teenagers by Age: United States, 1950-1996



Note: Rates are plotted on a log scale.

Source: Ventura, Stephanie J., Sally C. Curtin and T.J. Mathews, "Teenage Births in the United States: National and State Trends, 1990-96," *National Vital Statistics System*(Washington, D.C.: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, 1998).

Percentage of Teens Who Engage in Sexual Intercourse

- High school students (ages 15 to 19) who ever have had sexual intercourse:
  1991—54.1 percent
  1997—48.4 percent[2]

Statistics taken from the report, *Morbidity and Mortality Weekly Report 1998*; 47, no. SS-3 (Aug. 14, 1998). Available from:
Superintendent of Documents
U.S. Government Printing Office (GPO)
Washington, D.C. 20402-9371
Telephone: (202) 512-1800

On-line copy available at:
http://www.cdc.gov/epo/mmwr/preview/mmwrhtml/00054432.htm.

Births to Unmarried Teens

- Proportion of teen births outside marriage, ages 15 to 19:
  1991—69 percent
  1996—76 percent[3]

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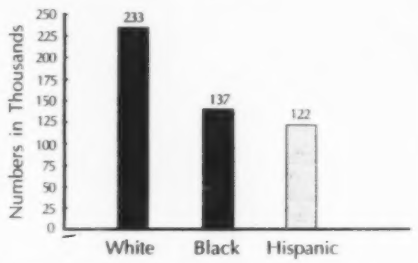
Figure 2. Number of Teen Mothers, by Race (1995)



Source: Ventura, *Report of Final Nativity Statistics, 1995.*

Black teen birth rates have undergone a large decline, although they still are higher than whites rates. Hispanic teens have the highest rates.

- Teen births per 1,000 black women, ages 15 to 19:
  1991—115.5
  1996—91.7

- Teen births per 1,000 Hispanic women, ages 15 to 19:
  1991—106.7
  1996—101.6

- Teen births per 1,000 white women, ages 15 to 19:
  1991—62.8
  1996—48.1[4]

Statistics from the report, *Teenage Births In the United States: National and State Trends, 1990-96.* Available from:

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Health Statistics
6525 Belcrest Road
Hyattsville, Maryland 20782-2003
nchsquery@cdc.gov
(301) 436-8500

On-line copy: http://www.cdc.gov/nchswww/fastats/teenbrth.htm.

Notes

1. Senator Jay Bradford, telephone interview with author, Oct. 9, 1998.
2. Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance-United States 1997, *Morbidity and Mortality Weekly Report 1998* 47, no. SS-3 (Aug. 14, 1998): 1-89.
3. Ibid.
4. Ibid.

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The Teen Perspective

Researchers, policymakers and parents alike continue to search for information that may help prevent teen pregnancy. Several studies published within the last year also have helped to shed light on the subject.

Results from the National Longitudinal Study on Adolescent Health—published in the September 10, 1997, issue of the *Journal of the American Medical Association*[1]—have proved helpful to both legislators and researchers. Also known as the Add Health Study, the project stems from a mandate by the U.S. Congress in the National Institutes of Health Revitalization Act of 1993 that called for information about the health and well-being of U.S. adolescents and about the conditions that promote or jeopardize adolescent health.

The first analysis of data—based on more than 20,000 in-home interviews conducted between April and December 1995—explored how individual, family and school characteristics protect teens across America from emotional distress, suicidal thoughts and attempts, violence perpetration, cigarette use, alcohol use, marijuana use, early sexual involvement and pregnancy.

Specific findings relating to teen pregnancy and sexual activity include:

- Seventeen percent of seventh and eighth graders reported having had sexual intercourse;
- Among adolescents in grades nine through 12, that figure rises to 49.3 percent; and
- Teens living in the South and in rural areas and teens whose parents receive welfare were most likely to have had sexual intercourse.

"The myth is that by the time kids reach adolescence, we lose power and importance in their lives. The truth is there does not appear to be any grave falloff in parent influence through the teen years. The tremendously powerful, protective element of a strong relationship between a parent and teen cannot be overemphasized."—Robert Blum, M.D., Ph.D., Add Health Study[2]

Although almost half the teenagers in high school surveyed said that they were sexually active, the researchers found that parents and families can strongly influence the choices that adolescent children make about their own sexual behavior—meaning that, perhaps with additional parental involvement, fewer high school-age adolescents would be sexually active. According to Robert Blum:

- Adolescents who feel connected to their parents and family and who perceive family members as disapproving of teens being sexually active are less likely to engage in early sexual intercourse;
- Parental disapproval of an adolescent's use of contraception protects teens from both early sexual involvement and pregnancy; and
- A greater number of shared activities with parents protects teenagers against pregnancy.[3]

In addition to the Add Health Study, in March 1998 the Kaiser Family Foundation and *Young Miss* magazine released results from a national survey of 650 teens ages 13 to 18.[4] The demographic makeup of the respondents was 73 percent white, 13 percent black, 11 percent Hispanic and 3 percent of an undesignated race. Questions focused on dating, intimacy and sexual experiences. Among the findings are the following.

"Teens need to know much more than the 'birds and the bees,'" said Felicia Stewart of the Kaiser Family Foundation. "They need information about how to use contraception and the risks of STDs, and they also need to be better prepared to deal with the difficult situations they are facing.

- Most 13- to 18-year-olds—the majority of whom have not had sexual intercourse—say they were extremely worried about facing an unintended pregnancy or getting a sexually transmitted disease.

- A majority of the teens who said they were sexually experienced (58 percent) report not using contraception every time they had sex, and more than a third have never talked with a sexual partner about preventing pregnancy (34 percent) or disease (40 percent).

- Seventy-four percent of teens said it is a "... good thing to make a conscious decision not to have sex until some later time." (However, the data also show that teens were not "practicing what they preach.")

Notes

1. Michael Resnick et al., "Protecting Adolescents From Harm: Findings from the National Longitudinal Study on Adolescent Health," *The Journal of the American Medical Association* 278, no. 10 (September 10, 1997).
2. "The Connections That Help Kids: Add Health Researcher Discusses Findings with IYD," *The Youth Connection* (Institute for Youth Development, Washington, D.C.: July/August 1998): 2-3, 8.
3. Robert Blum and Peggy Rinehart. *Reducing the risk: Connections that make a difference in the lives of youth.* (Minneapolis: Division of General Pediatrics and Adolescent Health, University of Minnesota), September 1997.
4. "National Survey of Teens: Teens talk about dating, intimacy, and their sexual experiences," Kaiser Family Foundation and *Young Miss* (Spring 1998): 1-36.

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Resources: National Organizations

Numerous national organizations exist to help federal, state and local policymakers better understand the issue of adolescent pregnancy. Some of the best-known organizations are listed below.

- **Advocates for Youth.** Located in Washington, D.C., the group focuses on creating and promoting programs and policies that will help adolescents make responsible decisions concerning their sexual and reproductive health. Advocates for Youth provides information and training to youth-oriented organizations, policymakers and media.
  James Wagoner, President, (202) 347-5700
  Website: http://www.advocatesforyouth.org

- **The Institute for Youth Development (IYD).** Based in Washington, D.C., this nonprofit organization, founded in 1996, focuses on a comprehensive risk avoidance message for youth concerning alcohol, drugs, sex, tobacco and violence. IYD cosponsors events such as the *Respect, Empowerment and Character Celebration* that featured adolescents who are saying "yes" to "a future of hope and opportunity" by saying "no" to early sexual activity. The institute also produces, among other items, a bimonthly newsletter that profiles prominent youth risk behavior issues. IYD currently is developing a document that describes all federal funding opportunities to prevent risky behaviors by youth.
  Shepherd Smith, President, (703) 471-8750
  Website: http://www.youthdevelopment.org

- **The Joint Work Group on School-Based Teen Pregnancy Prevention.** Formed in 1998 and supported by the Division of Adolescent and School Health at the Centers for Disease Control and Prevention, this group comprises eight national nongovernmental organizations—the Association of Maternal and Child Health Programs (AMCHP), the American School Health Association (ASHA), the Association of State and Territorial Health Officials (ASTHO), the Council of Chief State School Officers (CCSSO), the National Association of State Boards of Education (NASBE), the National Conference of State Legislatures (NCSL), the National Education Association (NEA) and the National School Boards Association (NSBA). Members are exploring the role that state and local education and health policymakers, school superintendents and other school personnel can play in preventing teen pregnancy.
  AMCHP, Sarah Pfau, (202) 775-0436
  ASHA, Marcia Ruben, (330) 678-1601
  ASTHO, Darcy Steinberg or Andrea Smith, (202) 371-9090
  CCSSO, Nora Howley, (202) 336-7033
  NASBE, Carlos Vega-Matos, (703) 684-4000
  NCSL, Matthew O'Connor, (303) 830-2200
  NEA, Vicki Harrison, (202) 822-7783 or Paul Sathrum, (202) 822-7787
  NSBA, Brenda Greene, (703) 838-6756 or Cameron Adkison, (703) 838-6719

- **The Medical Institute for Sexual Health.** The Medical Institute for Sexual Health is a nonprofit organization, founded in 1992, that focuses on nonmarital pregnancy and the prevention of sexually transmitted diseases. The goal of the institute is to inform, educate and provide solutions to medical professionals, educators, government officials, parents and the media about problems associated with these issues.
  Linda Bussey, (512) 328-6268
  Website: http://www.medinstitute.org

- **The National Campaign to Prevent Teen Pregnancy.** Based in Washington, D.C., this organization works with national, state and local groups and has commissioned a number of important studies. Formed in 1996, the nonprofit, nonpartisan campaign's mission is "...to prevent teen pregnancy by supporting values and stimulating actions that are consistent with a pregnancy-free adolescence." The campaign's goal is to reduce the teenage pregnancy rate by one-third by the year 2005.
  Tamara Kreinin, Director of State and Local Affairs, (202) 261-5674
  Website: http://www.teenpregnancy.org

- **The National Coalition on Abstinence Education.** Based in Colorado Springs, Colorado, the coalition—which is part of Focus on the Family—comprises more than 60 national, state and local organizations that are dedicated strictly to abstinence-until-marriage education. Formed in 1997, the coalition monitors state plans for the Title V Abstinence Education Provision of the Welfare Reform Act of 1996. (See abstinence education section for more information about the coalition.)
  Peter Brandt, (719) 531-3388
  Website: http://www.family.org

- **The Sexuality Information and Education Council of the United States (SIECUS).** With offices in both New York City and Washington, D.C., SIECUS is a national, nonprofit organization that "... affirms that sexuality is a natural and healthy part of living." Incorporated in 1964, the group develops, collects and disseminates information; promotes comprehensive education about sexuality; and advocates the right of individuals to make responsible sexual choices. Specific topic areas covered by SIECUS include school-based sexuality education programs, comprehensive sexuality education guidelines and HIV/AIDS prevention education.
  Dan Daley, Public Policy Division, (202) 265-2405
  Website: http://www.siecus.org

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Approaches To Prevention I
Abstinence Education and Sexuality Education

In 1998 alone, state lawmakers introduced approximately 200 measures that addressed teen pregnancy prevention. The bills addressed a wide range of programmatic areas—from appropriations for educational efforts that aim to reduce teen pregnancies to requirements for schools to teach abstinence-only or abstinence-until-marriage education as the primary message. That legislative tide is expected to continue as state officials work to reduce the rates of teen pregnancy.

Abstinence Education

As part of its objective, the landmark federal welfare reform law of 1996 seeks to lower the nation's out-of-wedlock birth rate. As mentioned previously, to help states move toward that goal, the Personal Responsibility and Work Opportunity Reconciliation Act sets aside a pool of $50 million a year with which to start or sustain "abstinence education" programs to dissuade teenagers, in particular, from becoming sexually active before they are married.[1]

Before welfare reform, abstinence-only education programs were not widely used. Abstinence education may be somewhat effective among teens who have not previously engaged in sexual intercourse—causing them to delay the onset of sexual activity—but it is ineffective for teens who choose to be sexually active. In a May 1998 article in the *Journal of the American Medical Association*, for example, a random controlled study of 659 inner-city middle school students found that both abstinence and safer-sex interventions can reduce HIV sexual risk behaviors, but that safer sex interventions were effective with sexually experienced adolescents and had longer-lasting effects.[2] (For purposes of the study, abstinence intervention stressed delaying sexual intercourse or reducing its frequency, safer sex intervention stressed condom use, and the control intervention focused on health issues unrelated to sexual behavior.)[3]

For every $4 of federal funds, states must put up $3 of their own—raising total funds invested in abstinence to $88 million.[4] For FY 1998, grants range from $69,855 in **Vermont** to $3.3 million in **New York**, with the dollar figure tied into projected numbers in the target population.[5] (Specifically, Maternal and Child Health Bureau officials use a formula determined by the proportion of low-income children in the state vs. low-income children in the United States.) All 50 states originally applied for the grants.[6]

Abstinence education contains "a message whose time has come."—Peter Brandt, the National Coalition for Abstinence Education[7]

Of the 50 plans submitted by the states, 40 were designed around youth- or community-based organizations, 30 around schools or school districts, and 21 around local health departments.[8] Forty-three of the state plans had some type of evaluation in place, although as many as 20 were conducting a program evaluation, as opposed to an outcome evaluation.[9] As of October 1998, however, at least two states appear to have chosen not to participate dur-

Program Profile: Washington

Ranked 32nd highest of 50 states in the nation in teen births in 1996. The state birth rate declined from 54 teen births per 1,000 births in 1991 to 45 per 1,000 in 1996.

Launched in 1994 and administered by the Office of the Superintendent of Public Instruction, Teen Aware has reached 174 schools in 95 of 296 districts.[10] The program revolves around student-designed media campaigns geared toward abstinence and delaying sexual activity. Annual competitive grants are awarded under Teen Aware, which also requires a one-third local match (designed to involve local community groups and businesses).[11] In conjunction with the program, a media literacy curriculum—touted as the nation's first abstinence-based curriculum—was developed at the University of Washington's College of Education. A *Teen Aware Showcase* is held each spring, where students present their work.

In addition to Teen Aware, the Sexuality, Health and Relationship Education (SHARE) program has met with success in the state, according to director Carrie Abbott.[12] SHARE—one of the largest abstinence education programs in the country—appeals to teens who like the "option" of abstinence, she said. SHARE presents the potential risks of early sexual involvement, highlights the positive reasons to wait, and helps students understand how the choices they make today can affect their future.[13] "Our program works because we find out what the child wants out of life and we help [him or her] see how to get to those goals," Abbott noted. "We do not teach that sex is bad, but we talk about values, goals and their future."

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ing the first year of the program. **New Hampshire** withdrew its application because of interagency disagreement about how the funds should be spent; **California** officials did not appropriate a state match for the federal funds.[14]

The Sexuality Information and Education Council of the United States (SIECUS) and the National Coalition for Abstinence Education (NCAE) are among the organizations that monitor implementation of plans across the states. (In addition, Mathematica Policy Research is conducting a congressionally mandated, three-year national evaluation of abstinence education programs, which will be completed in September 2001.) While groups like SIECUS favor programs that not only include abstinence as a component but also include information on contraceptives and sexually transmitted diseases, NCAE was formed to ensure that the federal abstinence education program is "implemented consistent with the letter and the spirit of legislative intent."[15] As part of its mission, the **Colorado**-based NCAE will regularly issue official "Compliance Report Cards" that analyze state plans, implementation of those plans and related actions.

"We need to stop quarreling [about the concepts] and see what works best for young people."—Illinois Representative Mary Lou Cowlishaw[16]

Although some policymakers welcome renewed interest in abstinence-only education, others are concerned about the controversy the program has stirred up. A survey released by the University of **North Carolina** in May 1997 reveals the public's conflicting views on the issue of abstinence education. Three-fourths of the more than 700 adults polled in North Carolina agreed that "... the primary focus of school-based sex education [should] be the positive benefits of abstinence until marriage."[17] At the same time, nine of 10 said sex education also should teach about birth control and sexually transmitted diseases.[18]

Program Profile: Arkansas

Ranked 2nd highest of 50 states in the nation in teen births in 1996. The state birth rate declined from 80 teen births per 1,000 births in 1991 to 75 per 1,000 in 1996.

During the 1997 legislative session, Senator Jay Bradford spearheaded a measure aimed at reducing the number of teenage pregnancies and out-of-wedlock births in the state. According to Donnie White, Maternal/Child Health director of the Arkansas Department of Health, a 25-member advisory committee has been hard at work implementing the legislation. "The view that the legislature took was looking at a comprehensive approach to teen pregnancy prevention, supporting both abstinence education and more comprehensive approaches to the problem," White said. As a result, the program is designed to be "complementary and not competitive" in nature.

The majority of the funds included under the measure's appropriation are targeted at counties in the state that have the highest rates of unwed teen births—that means 16 counties of 75 in the state that represent approximately 60 percent of unwed teen births, said White. The program addresses local needs for teen pregnancy prevention through broad-based coalitions that include elected officials, health and human services employees, adolescents themselves and representatives from religious groups. "Our goal is to try and provide support for building an infrastructure," said White. To that end, the coalition conducts a needs assessment, designs a program based on those needs and then implements the program. As of mid-October 1998, 10 of the 16 counties had received funding and four others had submitted applications. "The 10 counties are all at different stages," he explained. "Some programs are up and running in counties that already had coalitions in place, while others where coalitions are not in place are using the funds differently, just trying to bring people to the table."

Comprehensive Sexuality Education Programs

Comprehensive sexuality education programs (which also are known as abstinence-based programs) are more effective with teenagers than merely stressing abstinence-only, according to researchers such as Douglas Kirby. Through his work for the National Campaign to Prevent Teen Pregnancy, Kirby concluded that teen pregnancy is "... a complex problem that often calls for complex interventions," as opposed to one "magic bullet." Because some young people have sex and others do not, Kirby said that programs need to address both postponing sex and using contraception.[19]

Some policymakers find that, since youth may be delaying sexual activity longer and using contraceptives more consistently, comprehensive programs are a good fit because they apply to whichever category a teenager might find himself or herself in—whether that is abstaining from sex or engaging in sexual activity. State Maternal/Child Health Director Donnie White said that with a combination of factors contributing to the drop in teen birth rates, officials in **Arkansas** are "ex-

cited about the plan for comprehensive services" in the state (see profile box).[20] "Depending on where a young person is in his or her life, the services they need will be available," he added.

Even in states where officials acknowledge that abstinence-based education has been effective, they also state that a broad-based approach is often the best. "We know that teen pregnancy is not a single-focus issue," said adolescent health manager David Lane of the **Oregon** Health Division, "so abstinence-based education is just one of the approaches we are using."[21]

Notes

1. Mary Guiden, "States Explore Abstinence Education," *State Health Notes* (National Conference of State Legislatures) 18, no. 259 (Sept. 1, 1997): 1, 6.
2. John Jemmott III, Loretta Sweet Jemmott and Geoffrey Fong, "Abstinence and Safer Sex HIV Risk-Reduction Interventions for African American Adolescents," *Journal of the American Medical Association* 279, n. 19 (May 20, 1998): 1529-1536.
3. Ibid.
4. Guiden, "States Explore Abstinence Education."
5. Ibid.
6. Shelly Burgess, U.S. Department of Health and Human Services press office, telephone conversation, August 1997.
7. Peter Brandt, *Report to the House Commerce Subcommittee on Investigations and Oversight on the Implementation of the Title V Abstinence Education Provision of the Welfare Reform Act of 1996*, Sept. 25, 1998, http://com-notes.house.gov/cchear/hearings106.nsf/action.
8. Dan Daley, Sexuality Information and Education Council of the United States, speaker at "Teenage Pregnancy: It's Not Cool" (NCSL Assembly on State Issues meeting, Seattle, Wash., April 4, 1998.)
9. Ibid.
10. Washington State Superintendent of Public Instruction. "Teen Aware Project" (fact sheet, Spring 1998).
11. Rep. Helen Sommers, "Teen Pregnancy Prevention, Washington State Programs" (fact sheet, April 4, 1998).
12. Carrie Abbott, Sexuality Health and Relationship Education program, speaker at "Teenage Pregnancy: It's Not Cool" (NCSL Assembly on State Issues meeting, Seattle, Wash.; April 4, 1998).
13. Sexuality, Health and Relationship Education, *Helping Teens Make Healthy Choices*, (brochure, 1998).
14. Susan Flinn, Advocates for Youth, telephone conversation with Nicole Kendell (National Conference of State Legislatures), November 1998.
15. Peter Brandt, National Coalition for Abstinence Education (Correspondence sent to all State Maternal and Child Health Department directors, October 1997).
16. Guiden, "States Explore Abstinence Education," 6.
17. University of North Carolina News Services, "Most North Carolinians Support Sex Education, Want Programs Expanded" (press release, May 9, 1997).
18. Ibid.
19. Douglas Kirby, *Summary of No Easy Answers: Research Findings on Programs to Reduce Teen Pregnancy* (Washington, D.C.: The National Campaign to Prevent Teen Pregnancy, March 1997): 1-19.
20. Don Smith, Maternal and Child Health Director, Arkansas, telephone conversation with author, Oct. 9, 1998.
21. Ibid.

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Stories From Teen Parents II

Crystal & Virginia (not pictured)

My name is Crystal, I'm 17 years old, and I got pregnant when I was 15. I have a beautiful son who is 10 months old. His name is Truth Theodore Ismael Jones. I live in [the] housing projects with my mother and my sister.

My name is Virginia. I am 36 years old. Crystal is my oldest of three children. I have been a single parent for years now. As a single parent with three kids, I've done nothing but struggle, always barely making it by. And the last thing we really needed was another baby to raise. I didn't want a baby to grow up like my kids did, without a father. And I didn't want her to be stuck in my spot at my age.

Crystal:
When I found out that I was pregnant, I don't know how to explain it, but I was happy. My mom told me I [should have] an abortion. I fought her with everything I could and I did my best to tune her out.

Virginia:
My first reaction to finding out that she was pregnant felt like a big, big weight [coming] down on me. I felt like ... I had to raise another baby again. I told her that she was going to get an abortion and I didn't give her a choice, [but] when I called the abortion clinics I found out that no matter what age they are, the girls have the say so. Crystal's a real, real good Mom to her baby. I just felt guilty when I found out about Crystal's pregnancy. Most of it was due to a lot of people telling me that it was my fault—that I was a bad mother and I allowed it to happen. I've always been the best that I could be with them and especially as a single parent.

Crystal:
I don't think nothing is free these days, no matter how [well] off you are, you still have laws and rules. You have to pay for a child to be born and you have to pay when someone dies. I didn't plan on becoming a mother. I did make a mistake.

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Jason

My name is Jason, and I'm 19 years old. I became a father at 18. I got married to Jennifer, who is the mother and I have a daughter named Mercedes and she's eight weeks old. I'm a junior in high school.

The first time I had sex was when I was about 12. If a girl got pregnant when I had sex with her, I really didn't care. [I would] tell her to take care of it herself. ... I just wanted to have fun.

I met Jennifer at school. I liked the way she acted and dressed and [I told myself], I've just got to get to know this girl. The first time me and Jennifer went out... one thing led to another and we had sex that night. A month later we found out she was pregnant. We got married before the baby was born and we had a wedding, it was a nice wedding. People that have babies at a young age... it's hard. I know some young teenagers who are just having kids and they don't even care about how the baby looks or dresses. I don't think those types of people should have babies. I don't really think I should have had this baby. I still think I'm too young. I still think I need [to do] some more growing up.

Jennifer

My name is Jennifer. I'm 18 years old. I got pregnant at the age of 17. I have a baby girl named Mercedes, she's two months old and I married her father Jason. We've been married for four months. My parents were strict but not abusive. They were strict in a good way. They taught us the difference between right and wrong. And they taught us how to respect our elders. You'll never hear us talk back to our parents, ever. My mom always told me, "Don't have sex until you know you're ready," which meant [until I was married].

The first time I had a sexual relationship with Jason, I fell in love with him right away. I knew he didn't feel the same way about me, but that still didn't change the fact that I loved him. When I got pregnant, the one thing that hurt me the most, was disappointing my father, because I've always been Daddy's girl. I thought he was going to treat me different. And I just thought he was going to be real...cold to me.

The main concerns I have right now are the problems we are going to have in the future. We're real happy right now, and I know we're going to make it, but I hear people saying that we got married too young. And it makes me think about it, 'cause I don't want him to leave me or anything 'cause I love him a lot. That's my main concern.

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Overview: Teen Pregnancy Today

Teen birth rates are down for the first time in more than 10 years. More young people are delaying first intercourse, and those who are having sex are engaging in fewer risky behaviors and are more likely to use condoms than in previous years.[1] The United States, however, still has higher teen pregnancy rates than any other industrialized nation—about 54 per 1,000 teens aged 15 to 19 as of 1996.[2] This rate is double that of England, Wales or Canada and nine times as high as in the Netherlands or Japan.[3] In addition, of the approximately 1 million teens in the United States who become pregnant each year, about 8 percent are 14-year-olds, 18 percent are 15- to 17-year-olds and 22 percent are 18- to 19-year-olds.[4]

Despite the high rates in this country, according to some estimates the United States spends far more money supporting teen parents than it does on prevention-related activities. In 1995, for example, the federal government allocated more than $39.3 billion to help support families that began as the result of a teenage birth.[5] This figure includes Medicaid health care services, Title V Maternal and Child Health Bureau funds, Adolescent Family Life Act programs and the Special Supplemental Food Program of Women, Infants and Children, among other programs.

Although Advocates for Youth estimates that the national investment for funding prevention programs was $131 million in 1995—including Medicaid, Title V, Title X, Community Health Centers grants, the Healthy Schools, Healthy Communities program and the Adolescent Family Life Act—Institute for Youth Development's Director, Shepherd Smith, said support actually may be a great deal higher. Smith said, for example, that other programs that should be factored into the prevention totals include social services block grants under the federal Administration for Children and Families ($1.9 billion), Health Resource and Service Administration/Bureau of Primary Health Care Community and Migrant Health grants ($681 million), health grants for public housing residents ($10 million) and funding for adolescent health centers for Indian and Alaskan youth ($800,000). "It's virtually impossible to pull out what [encompasses prevention efforts]," he added, because national figures don't include Department of Education funds or grants from organizations such as the Robert Wood Johnson Foundation. "It's [too] complex [a mix] to peg down" one exact figure, Smith said.

"It's time to recognize that prevention efforts can be effective, [but] we need to realize that we have a long way to go."—Lloyd Kolbe, Division of Adolescent and School Health, Centers for Disease Control and Prevention

Despite the differing opinions on what is being spent on prevention efforts, advocates, policymakers and researchers know that prevention *is* making a difference. Lloyd Kolbe of CDC's Division of Adolescent and School Health said, "I think

it's time to recognize that prevention efforts can be effective. We need to realize that we have a long way to go, though, and the success we've seen to date could prove short-lived unless we continue to improve pregnancy prevention" programs, he added.[6]

One reason for the failure to invest in prevention, said Advocates for Youth president James Wagoner, is that "... it requires coming to grips with the reality of sexually active youth. As a society, it's easier to stick our heads in the sand than to acknowledge the facts."[7]

This guide is designed to provide an overview of adolescent pregnancy, including national and state statistical information, funding sources for teen pregnancy prevention programs, examples of the effects of teen pregnancy prevention on society, recent developments and initiatives in the arena of teen pregnancy prevention, and examples of programs that have been implemented across the states.

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The Effects of Teen Pregnancy

Researchers from the Centers for Disease Control and Prevention (CDC) noted in a March 1997 article in *American Psychologist* that the most serious and expensive health and social problems in the United States today stem from behavioral patterns established during youth, including sexual risk behaviors that lead to the transmission of sexually transmitted diseases (STDs) and unintended pregnancies.[1] More specifically, the effects of teen pregnancies can be examined by looking more closely at their relation to education, health and society.

Health Effects, Including Prevalence of Sexually Transmitted Diseases

- Although childbirth in itself can take a toll on a woman's body, a young woman who has a baby before her body is fully developed exposes both herself and her baby to a significant health risk. Teens, for example, are at a much higher risk than older women of suffering from serious medical complications, including anemia, pregnancy-induced hypertension, toxemia, cervical trauma and premature delivery. All these conditions can lead to expensive hospital and emergency room treatment bills.[2]

- The maternal mortality rate is 60 percent greater for mothers under age 15 than for women in their 20s.[3]

- According to a report from the Children's Defense Fund, because only about half of teen mothers obtain early prenatal care, teen pregnancy is a significant factor in the number of low-birthweight babies—which increases the likelihood of birth defects. Those defects may subsequently require continued medical treatment throughout the life of the child and also could result in the need for special schooling.[4]

- Based on findings from the CDC's Youth Risk Behavior Survey, a high proportion of sexually active students who do not practice contraception are at risk for unplanned pregnancy and STDs. According to the Alan Guttmacher Institute, every year 3 million teens—about one in four sexually experienced teens—acquire an STD.[5]

- Although teenagers make up only 10 percent of the population, they account for 25 percent of the cases of STDs.[6]

- In a single act of unprotected sex with an infected partner, a teenage woman has a 50 percent chance of contracting gonorrhea, a 30 percent risk of getting genital herpes and a 1 percent risk of acquiring HIV.[7]

- Chlamydia—today's most common nonviral STD and one that often goes untreated or undetected—is more common among teens than among older men and women; in some settings, 10 percent to 29 percent of sexually active teenage women and 10 percent of teenage men tested for STDs have been found to have chlamydia.[8]

- The human papilloma virus (HPV)—which causes genital warts and, in some cases, can lead to cervical cancer—is the most common viral STD, but is not yet a reportable disease. However, CDC estimates the prevalence of genital HPV infection to be 45 million and the incidence to be 5 million new cases yearly. At least 50 percent of all sexually active men and women will acquire genital HPV infection in their lifetime.[9]

- Teenage women have a higher hospitalization rate than older women do for acute pelvic inflammatory disease (PID), which is most often caused by untreated gonorrhea or chlamydia. PID can lead to infertility and ectopic pregnancy, and it also can be life threatening.[10] In addition, the estimated direct and indirect costs of treating PID and related conditions in 1994 were more than $4 billion nationwide.[11]

Societal Effects

- About two-thirds (64 percent) of teen mothers complete high school—compared with about 94 percent of teenage women who did not give birth.[12]

- Young women who drop out of school are more likely to become parents while teenagers. An August 1998 report from Child Trends found that, among all girls who drop out of school between eighth and 12th grades, 37.5 percent end up having a baby in their teenage years. Among pregnant Hispanic teens, almost 41 percent had dropped out of school before becoming pregnant, compared to 31 percent of whites and 11 percent of blacks.[13]

Notes

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Who Pays for Teen Pregnancy and Prevention Efforts?

The effects of teenage pregnancy are felt far beyond the realm of the mother, father, related family and others directly involved. In many cases, states end up paying not only for pregnancy-related costs, but also for the more expansive economic effects.

In **Louisiana**, for example, each year the state spends approximately $876 million on families that are headed by teens (including welfare benefits, food stamps, Medicaid and other forms of assistance).[1] Nationwide, adolescent childbearing costs taxpayers between $6.9 billion and $18.6 billion each year for public assistance, health care for children, foster care, criminal justice expenses and lost tax revenue.[2] In addition, the Robin Hood Foundation estimates the social cost of teenage pregnancy—loss of productivity, diversion of resources into health care and foster care, and other costs associated with early childbearing—at between $8.9 billion and $28.8 billion per year.[3] (Note: this figure is less than the Advocates for Youth estimate cited earlier, primarily because the Advocates' calculation includes teenagers up to age 20; the majority of teen births occur to women over age 18.)

It may be surprising, on the flip side, to see what states are spending on prevention. To illustrate, in contrast to its $876 million support-related funding for families headed by teens, Louisiana spends about $5.7 million per year on prevention—including family planning covered by Title V, Title X, Title XIX and patient fees; Title V school-based health center funds; family life and sexuality education teacher training funded through the CDC; and a special initiative on adolescent health funded through the Office of Public Health.[4]

Changes Under Restructured Welfare Reform

Under the 1996 Personal Responsibility and Work Opportunity Reconciliation Act, states must submit plans that 1) detail their goals for reducing births outside marriage and the ways in which they will lower illegitimacy ratios and 2) identify statutory rape education and training programs, which were designed to involve men in teen pregnancy prevention efforts. In addition, states are invited to apply for funds to implement abstinence-only education programs. As a "reward," the five states that achieve the greatest success in trimming out-of-wedlock births without increasing abortions will share in an Illegitimacy Reduction Bonus Fund, netting them $20 million each from FY 1999 to FY 2002. The first group of award winners is in, as Health and Human Services Secretary Donna Shalala

"For every dollar we've spent on families headed by teens, we've invested a single penny in prevention."—Senator Paulette Irons, Louisiana

Program Profile: Louisiana

Ranked 9th highest of 50 states in teen births in 1996. The state birth rate declined from a high of 76 teen births per 1,000 births in 1991 to just under 67 per 1,000 in 1996.

Current state initiatives to prevent teen pregnancy include $2.8 million for an abstinence-only program, a provision under restructured welfare reform in which the federal contribution is $1.6 million, plus a $1.2 million match from the state (see *Approaches to Prevention* for additional information). The program will be directed by the Department of Health and Hospitals and a New Orleans pilot program directed by the Department of Social Services called Reality Education About Life (REAL), which uses a more comprehensive approach to pregnancy prevention.[5] In addition, to help encourage parents to talk more with their teen children, Senator Paulette Irons spearheaded the effort—with backing from the Louisiana State Baptist Convention and Lamar Advertising and Outdoor Systems—to place more than 50 billboards around the state that say: "Virgin: Teach Your Kid It's Not a Dirty Word" (based on a similar campaign in Maryland that took place in the late 1980s and early 1990s). It is estimated that in New Orleans alone, where there are five such billboards, approximately 95,000 individuals see the "virgin" message each day.

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announced on September 13, 1999, the award of $20 million in bonus money to each of four states (**Alabama**, **California**, **Massachusetts**, **Michigan**) as well as the **District of Columbia** for achieving the largest decreases in out-of-wedlock births between 1994 and 1997. Reductions ranged from 5.7 percent in California to 1.5 percent in Massachusetts.

The planning efforts will be augmented by a significant amount of federal funds—and more flexibility in spending them. Under the former Aid to Families with Dependent Children program, cash assistance funds were kept separate from money for job training and social services. Under the new $16 billion Temporary Assistance to Needy Families block grant, states no longer need federal permission to spend money for programs that typically are not included in welfare assistance benefits, thus allowing legislators to use welfare dollars to meet other program goals, including pregnancy prevention.

Many state lawmakers are eager to embrace the opportunities that exist with the new federal and state policies in place. Under **Wisconsin**'s new welfare reform program—W-2—that began in September 1997, no additional money is provided for "extra kids," said Governor Tommy Thompson.[6] Although the state will provide "generous" child care benefits, minors are not able to set up their own households and the Brighter Futures program (see profile box) has a goal of reducing teen pregnancy rates by 15 percent by the year 2001. People will change their behaviors, Thompson noted, "when you give them a new set of expectations."[7]

Although the provisions under the new welfare reform law offer an opportunity to develop innovative teen pregnancy prevention programs, other programs such as Title X continue to help in the effort. Created in 1970 and signed into law by President Richard Nixon as part of the Public Health Service Act, Title X funds are devoted exclusively to family planning and reproductive health services. Public expenditures for family planning-related services grew rapidly in the early 1970s, as the clinics Title X helped to create became established across the country.[8] By the early 1980s, almost $340 million in federal and state funds was being spent to provide family planning services at nearly 5,200 sites.[9] That figure had dropped to approximately $250 million as of 1994.[10]

Additional state efforts currently include community-level efforts designed and spearheaded by advocacy groups and religious organizations, and school-based health programs that run the gamut from serving as a health center—and sometimes providing reproductive counseling and services—to educating students in a family life education curriculum. In addition, some schools and city or local health departments have implemented programs in which peer leaders act as mentors and counselors for fellow students, encouraging them to abstain from sexual activity, informing them about preventing pregnancy and sexually transmit-

Program Profile: Wisconsin

Ranked 43rd highest out of 50 states in teen births in 1996. The state birth rate declined from 44 teen births per 1,000 births in 1991 to 37 per 1,000 in 1996.

The Brighter Futures program—which relies on involvement by parents, schools, faith-based organizations and the media—provides factual and appropriate human growth and development instruction in schools to all students (designed to promote abstinence among youth), provides young people with roleplaying training in refusal skills needed to avoid unwanted pregnancies, works with district attorneys to develop a recommended policy for the prosecution of statutory rape and aims to reduce subsequent teen pregnancies by ensuring that teen mothers have access to prenatal care coordination and case management and by helping them stay in school and graduate.[12] To gauge how the program should initially be designed, the State of Wisconsin's Subcommittee on Adolescent Pregnancy Prevention held listening sessions in 10 communities around the state. These informal meetings gave residents the chance to provide local views of teen pregnancy. Attendees commented that: "pregnancy is a symptom of poverty, race, sexual abuse and other social problems," "not all kids are going to be abstinent and kids need access to contraceptives if they choose to be sexually active," "alcohol is a major contributing factor to lower sexual inhibitions," "we are missing the males," and "media gives the message that sexual behavior is the norm."[13]

Program Profile: Florida

Ranked 16th highest out of 50 states in teen births in 1996. The state birth rate declined from 69 teen births per 1,000 births in 1991 to 59 per 1,000 in 1996.

A law enacted in Florida in 1998 directed local welfare coalitions called WAGES (Work and Gain Economic Self-Sufficiency) to devise teen pregnancy prevention plans for areas where birth rates are higher than the state average. Using that law as a springboard, a coalition of interested parties—the WAGES state board, the Health Department and the state's Network on Adolescent Pregnancy, Parenting and Prevention and Ounce of Prevention Fund—embarked on a three-year, five-site demonstration. Chosen through a competitive request for proposal process, each site will receive $1.5 million a year from the block grant for three years. Instead of emphasizing abstinence only, the sites will use two different models that reflect a comprehensive youth-development philosophy and target high-risk youth. Components may include health care services and mental health counseling, creative arts, tutoring, family life and sex education, career awareness, and case management. Launched in spring 1999, the program will include a "rigorous" evaluation process, said Ounce of Prevention program director Terry Rhodes. WAGES coalition coordinator Chris Wells said the initiative began because existing abstinence-based programs and community efforts "weren't getting any results." Program officials are still negotiating how many teens they will reach at each site under the new program, but Rhodes said, "our overarching concern is to find a strategy to decrease births to teen mothers, evaluating cost effectiveness with respect to the most efficient use of resources." Depending on the outcome of the program evaluation, officials may expand the design statewide.[11]

ted diseases, and answering other relationship-related questions in a nonthreatening environment.

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Approaches to Prevention II

Male Involvement, Media Campaigns and Youth Development

Male Involvement

During the past five years, the importance of male involvement in both contraceptive decisions and parenting has emerged as a hot topic. Fatherhood initiatives are springing up across the country, not only on a national level under organizations such as the National Fatherhood Initiative, but also at state, local and community levels. Some programs seek to help educate males about their responsibility as fathers—both financially and emotionally—while others focus on efforts to prevent initial or repeat pregnancies.

Renewed interest across the country in fathers and, subsequently, male involvement programs for both adolescent and adult men has been nudged by two federal laws: the Family Support Act of 1988 and the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. In fact, it was the 1996 welfare reform law that "... changed the name of the game for fathers," said Ellen Pagliaro of the Baltimore-based Annie E. Casey Foundation, a nonprofit organization dedicated to public policy reforms for disadvantaged children.[1] With the law's new child support and paternity regulations, more people are "recognizing the important role fathers should play"—not just in financial terms but in emotional contributions as well.[2] As part of states' efforts to promote responsible fatherhood, for example, teen pregnancy prevention strategies that previously targeted only young women now include components for men and adolescent boys. One model can be found in **Texas** as part of the Hispanic Male Outreach Program of the Boys and Girls Clubs of Greater Forth Worth. The program, known as Realidades, was up and running even before federal welfare reform, when the local adolescent pregnancy board realized it was addressing only "half the problem" of teen pregnancy with its school for pregnant teen mothers. Realidades seeks to overcome the myths that "teen pregnancy prevention should be directed at girls, since it is ultimately their problem" and that "boys aren't interested in learning about their role in prevention."[3] To that end, the program offers a 12-week curriculum to groups of no more than 12 participants, with a focus on prevention in terms of drugs, gangs and school dropout. Like other comprehensive prevention efforts, the goal is to address sex in perspective; that is, as one of the many life choices that students deal with every day.[4]

Expectations for adolescent males are beginning to reshape the way policymakers think about the issue of male involvement. As a society, we used to think:

- Prevention strategies should be targeted primarily—if not exclusively—to adolescent females.
- Programs for boys can be added to those designed for girls.
- Boys are not interested in learning about or responsible enough to handle their role in prevention.

That mindset has changed and has evolved to the point that researchers and advocates now realize[5]:

- Prevention strategies work better when they target both young men and young women.
- Teens and boys need services designed to address their specific needs.
- Boys are very eager to learn about their role in pregnancy prevention, if they are made aware of that role in a confidential setting.

Program Profile: California

Ranked 14th highest of 50 states in the nation in teen births in 1996. The state birth rate declined from 75 teen births per 1,000 births in 1991 to 63 per 1,000 in 1996.

California has been a pioneer in initiating male involvement programs. With one of the highest teen pregnancy rates in the nation—nearly 65,000 teens give birth each year, representing one birth every eight minutes—policymakers have stepped up efforts to reach teens, particularly males. As part of a broad teen pregnancy prevention initiative, the state has invested heavily in male involvement issues by funding community-based programs, media campaigns and mentoring programs with $8 million a year. Sponsored by former Governor Pete Wilson, funding for the initiative—Partnership for Responsible Parenting—supports 23 projects in seven counties and involves multiple systems and organizations. The state also sponsors a series of community forums focused on male responsibility, bringing together community leaders and young people with a variety of perspectives.

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Program Profile: Texas

Ranked 4th highest of 50 states in the nation in teen births in 1996. The state birth rate declined from 79 teen births per 1,000 births in 1991 to 74 per 1,000 in 1996.

The Austin/Travis County Health and Human Services Department in Austin, Texas, recently initiated a project designed to involve young men in teenage pregnancy prevention education. With a grant from the Office of Population Affairs, the Adolescent Males Project has hired a teen male who resides in the neighborhood that has the largest teen birth rate in the city to be a peer educator. The peer educator acts as an education assistant to the family life educator and provides family life education to males and females at local schools and in the community. The Adolescent Males Project has helped teen males increase their knowledge of reproductive health and learn how to navigate the health care system in their area.

Despite these findings, reproductive health counseling for both young and adult men often fails to educate them about their role in pregnancy prevention (and prevention of the transmission of sexually transmitted diseases). To illustrate, although reported condom use at first intercourse by males aged 15 to 19 increased substantially from 55 percent in 1988 to 69 percent in 1995, many young men still do not use contraceptives consistently.[6] According to the Urban Institute, less than half of teenage males surveyed used condoms every time they had sexual intercourse during the last year. In addition, roughly 9 of 10 teenage males who have ever had sexual intercourse received contraceptive information from their schools or television; less than half of these males received information from their parents, and less than one-third received information from doctors or nurses.

Program Profile: Kentucky

Ranked 15th highest of 50 states in the nation in teen births in 1996. The state birth rate declined from 69 teen births per 1,000 births in 1991 to 62 per 1,000 in 1996.

Kentucky's cabinets for health services and families and children launched a $500,000 advertising campaign in January 1999 urging young people to abstain from having sex. As the second phase of a comprehensive effort designed to encourage teens to think seriously about the life-changing repercussions of having sex, the ads continue the 1998 theme: "Get a Life First. Wait to Have Sex." After receiving feedback from the first phase of the campaign, Dan Barbercheck, vice president of Red7E Advertising, concluded that the messages "... needed to be more specific in terms of showing the consequences teens will face." As a result, the ads depict scenes such as a teenage boy who finds out he has a sexually transmitted disease and a girl who struggles to balance work and life with a new baby.[7]

Despite inconsistent contraceptive use, more than 90 percent of teenage males said that one should not have sex without contraception, that sexual partners should discuss contraception, and that males should be responsible for children that they bring into the world.[7] Findings indicate that the gap between knowledge, practice and behavior change could be diminished through improved prevention programs targeting young males.

Many states are implementing and developing pilot strategies to prevent unwanted or too early fatherhood. The strategies vary widely and include community-based programs, school-based curricula, school-linked programs or services, enhanced statutory rape laws, parenting education, and mentor programs. In addition to the range of ways in which states are addressing the issue, programs also vary in how they are funded. Funding mechanisms include state-funded initiatives, public/private partnerships, and state/private collaborative efforts.

More than half the existing initiatives are school- or community-based strategies. Often, these programs involve adding a male involvement component to existing teen pregnancy prevention activities. However, experience demonstrates that successful results may not be achieved if there is no separate emphasis for boys. Many teenage boys are not accustomed to meeting with teenage girls and expressing their concerns or asking questions, because it makes them look uninformed. Therefore, if they are educated in a non-threatening environment—that perhaps includes the use of peer educators—they are much more likely to discuss sexual issues and become properly educated.

Media Campaigns

At least 40 states are developing or recently have established public service media campaigns to help reduce teen pregnancy, according to a report released in February 1998 by the National Campaign to Prevent Teen Pregnancy.[8] Target audiences are as "diverse as the communities they serve." Some programs encourage parents to talk to their kids about love, sex and how to tell the difference,

Program Profile: Arizona

Ranked third highest of 50 states in the nation in teen births in 1996. The state birth rate declined from 81 teen births per 1,000 births in 1991 to 74 per 1,000 in 1996.

In September 1998, the Arizona Department of Health Services awarded a $405,000 contract to a Phoenix advertising firm for a statewide multimedia campaign promoting sexual abstinence until marriage. The advertising contract represents a key feature of a $3.5 million campaign—funded by federal abstinence money plus $670,000 in state tobacco tax revenues set aside for public health information and education—that includes an array of community-based local projects and an evaluation component. The award-winning firm will focus on spurring communication between preteens and their parents.[10]

and others work to convince teens and preteens to be sexually abstinent. Still others promote the importance of responsible contraceptive use and highlight reasons to say "yes" to a pregnancy-free adolescence. As outlined in *The Media and the Message: Lessons Learned From Past Public Service Campaigns*, state and local officials who plan such campaigns should[11]:

- Persevere with the effort, since a long-term commitment is key to the success of any campaign.
- Develop clear goals and objectives by dividing the campaign into distinct phases complete with realistic, specific and measurable objectives.
- Test messages with well-chosen audiences to find out what people already know and what they might be prepared to do.
- Select media outlets to be used in the campaign according to the target audience's media preferences, the objectives of the campaign and its cost.
- Incorporate both process and outcome evaluations to monitor the progress of the campaign and demonstrate its effectiveness.

Program Profile: New York

Ranked 36th of 50 states in the nation in teen births in 1996. The state birth rate declined from 46 teen births per 1,000 births in 1991 to 42 per 1,000 in 1996.

One program in New York City looks "beyond sex education" to the whole teenager. Formed in 1985 by Dr. Michael Carrera and colleague Patricia Dempsey, the Children's Aid Society Adolescent Pregnancy Prevention Program (APPP) offers career advice, classes on how to manage a bank account and on self-improvement, and special tutoring as needed. The APPP has been recognized for its merit by organizations such as the Boys and Girls Club, and now serves as a model for at least eight similar community-based sites in New York and nine other cities (Akron, Ohio; Baltimore, Md.; Charlotte, N.C.; Indianapolis, Ind.; Lincoln, Neb.; New Britain and New London, Conn.; New Orleans, La.; Peoria, Ill.; and Portland, Ore.).[15] Teens who take part in APPP and who graduate from high school or earn a general equivalency diploma are guaranteed admission to New York City's Hunter College. Of the teenagers who have participated in the Harlem-based program during the last 13 years, only 12 percent of the female participants have become pregnant—a percentage that is lower than the *annual* national and New York City pregnancy rates.[16] The APPP is "not a quick fix," said Carrera. Instead, the staff tries "... to help young people understand their talents and get them on a path where they see the possibility of success."[17]

Youth Development

Youth development programs have existed for almost 30 years, but they recently have emerged to assist in teen pregnancy prevention. Youth development programs in general go beyond the typical after-school programs. Many help to educate adolescents about physical activity and maintaining a healthy lifestyle; personal and social relationships; cognitive and creative aspects of their lives; and citizenship, which includes discussions about ethics and participation in the community.

An example of a youth development model that combines volunteer community service opportunities with classroom discussions about life options is the Teen Outreach Program (TOP). TOP was started more than two decades ago in the St. Louis, Missouri public school system. It has since been revised under the leadership of organizations that include the Junior League and the Cornerstone Consulting Group, a Texas-based national consulting firm that owns the program copyright and specializes in human services, organizational and community development projects, and adolescent health programs.[12] TOP has been replicated in more than 120 sites nationwide and reaches more than 6,000 adolescents annually.[13] In an evaluation conducted from 1991 through 1995 at 25 random sites nationwide, researchers found that TOP "... substantially reduce rates of teen pregnancy, course failure and school suspension during the first year of the program."[14]

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To demonstrate federal support for this type of project, in September 1998 U.S. Department of Health and Human Services Secretary Donna Shalala announced an award of more than $1 million in Youth Development State Collaboration Demonstration Projects.[18] Nine states—Arizona, Colorado, Connecticut, Iowa, Maryland, Massachusetts, Nebraska, New York and Oregon—each will receive a grant of $120,000 to help them identify, develop and strengthen youth development strategies. Efforts will focus specifically on young people at risk, such as teenagers who are leaving the foster care system, homeless and runaway youth, abused and neglected children, and others in the child welfare and juvenile justice systems.

Notes

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State-by-State Pregnancy Rates for Teens Under Age 15 (per 1,000 females ages 13 to 14)					
State/Jurisdiction	**1992**	**1993**	**1994**	**1995**	**Percent Change from 1992 to 1995**
Alabama	10.8	11.6	10.6	10.1	- 6.5
Alaska*	N/A	N/A	N/A	N/A	N/A
Arizona	6.5	5.6	6.7	6.3	- 3.1
Arkansas	8.2	7.7	8.1	8.4	+ 2.4
California*	N/A	N/A	N/A	N/A	N/A
Colorado	5.5	5.0	4.9	4.2	- 23.6
Connecticut	7.7	7.4	5.6	5.0	- 35.1
District of Columbia	36.1	28.4	41.3	26.0	- 28.0
Delaware*	N/A	N/A	N/A	N/A	N/A
Florida*	N/A	N/A	N/A	N/A	N/A
Georgia	12.5	12.3	12.4	11.9	- 4.8
Hawaii	7.8	5.6	6.4	7.3	- 6.4
Idaho	2.3	2.3	2.7	2.9	+ 26.1
Illinois*	N/A	N/A	N/A	N/A	N/A
Indiana	4.8	4.2	5.1	4.8	0
Iowa*	N/A	N/A	N/A	N/A	N/A
Kansas	5.8	6.6	5.3	7.1	+ 22.4
Kentucky	7.1	6.7	6.6	5.8	- 18.3
Louisiana	10.3	9.9	9.6	8.2	- 20.4
Maine	2.5	2.8	2.6	2.7	+ 8.0
Maryland	8.5	8.8	8.4	7.0	- 17.6
Massachusetts	5.7	6.0	5.5	4.3	- 24.6
Michigan	6.0	5.7	5.7	5.3	- 11.7
Minnesota	3.7	3.5	3.5	2.7	- 27.0
Mississippi	12.9	13.2	11.6	10.8	- 16.3
Missouri	5.5	6.0	5.6	5.2	- 5.5
Montana	4.2	3.2	3.6	2.7	- 35.7
Nebraska	3.9	3.8	3.8	3.1	- 20.5
Nevada	8.6	7.4	6.8	6.7	- 22.1
New Hampshire*	N/A	N/A	N/A	N/A	N/A
New Jersey	6.8	6.8	6.3	5.0	- 26.5
New Mexico	5.8	5.9	6.8	6.7	+ 15.5
New York	10.1	9.3	8.7	7.8	- 22.8
North Carolina	10.0	9.5	10.3	9.6	- 4.0
North Dakota	N/A	N/A	N/A	N/A	N/A
Ohio	5.3	5.6	5.4	4.8	- 9.4
Oklahoma*	N/A	N/A	N/A	N/A	N/A
Oregon	4.8	4.9	5.0	5.4	+ 12.5
Pennsylvania	7.4	6.8	6.5	5.6	- 24.3
Rhode Island	7.3	5.9	7.5	5.3	- 27.4
South Carolina	8.9	9.0	8.5	8.8	- 1.1
South Dakota	N/A	1.9	N/A	1.8	- 5.3††
Tennessee	9.3	8.5	9.0	7.7	- 17.2
Texas	7.7	7.7	7.6	7.3	- 5.2
Utah	3.0	2.4	2.2	2.2	- 26.7
Vermont	3.4	3.0	3.2	3.4	0
Virginia	7.2	7.1	6.7	6.2	- 13.9
Washington	5.0	5.3	5.3	5.2	+ 4.0
West Virginia	3.8	4.9	3.5	3.7	- 2.6
Wisconsin	4.5	4.7	4.1	4.1	- 8.9
Wyoming	N/A	N/A	2.5	N/A	N/A

Source: Numerical data, Centers for Disease Control and Prevention, 1998. Percentage calculations, NCSL.

*Pregnancy rate could not be calculated for the following states because they did not provide abortion data by age for 1992-1995: Alaska, California, Delaware, Florida, Illinois, Iowa, New Hampshire and Oklahoma.

†† Change from 1993 to 1995

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State-by-State Pregnancy Rates for Teens Ages 15 to 19 (per 1,000 females in age group)					
State/Jurisdiction	**1992**	**1993**	**1994**	**1995**	**Percent Change from 1992 to 1995**
Alabama	110	108	110	106	-3.3
Alaska*	N/A	N/A	N/A	N/A	
Arizona	122	118	117	108	-11.4
Arkansas	107	104	108	104	-2.8
California*	N/A	N/A	N/A	N/A	
Colorado	94	88	85	80	-14.7
Connecticut	93	90	86	77	-16.8
District of Columbia	246	278	267	230	-6.6
Delaware*	N/A	N/A	N/A	N/A	
Florida*	N/A	N/A	N/A	N/A	
Georgia	126	122	118	116	-8.3
Hawaii	102	102	104	92	-9.4
Idaho	70	67	61	63	-9.9
Illinois*	N/A	N/A	N/A	N/A	
Indiana	85	83	83	82	-3.2
Iowa*	N/A	N/A	N/A	N/A	
Kansas	103	103	97	95	-7.5
Kentucky	96	94	94	89	-8.1
Louisiana	109	108	106	98	-10.1
Maine	65	61	60	59	-9.8
Maryland	91	88	86	81	-10.2
Massachusetts	82	86	80	72	-12.5
Michigan	94	89	86	81	-14.2
Minnesota	65	62	60	56	-13.3
Mississippi	119	114	107	103	-13.2
Missouri	92	86	85	79	-13.8
Montana	83	79	74	73	-12.0
Nebraska	75	73	74	65	-13.5
Nevada	125	119	117	117	-6.3
New Hampshire*	N/A	N/A	N/A	N/A	
New Jersey	82	78	76	72	-12.4
New Mexico	120	118	110	107	-11.0
New York	114	114	112	106	-7.1
North Carolina	123	120	118	112	-8.9
North Dakota	64	62	57	56	-11.8
Ohio	88	89	86	83	-5.4
Oklahoma*	N/A	N/A	N/A	N/A	
Oregon	96	94	93	93	-3.2
Pennsylvania	85	83	76	72	-15.3
Rhode Island	104	108	101	94	-10.1
South Carolina	104	99	99	96	-7.5
South Dakota	70	64	61	60	-15.1
Tennessee	111	108	107	105	-5.8
Texas	122	121	119	116	-4.8
Utah	66	63	59	58	-11.5
Vermont	81	76	72	65	-20.1
Virginia	93	90	89	84	-9.6
Washington	100	98	92	88	-12.1
West Virginia	78	77	74	73	-6.0
Wisconsin	72	67	62	59	-17.4
Wyoming	63	63	59	58	-8.4

Source: Centers for Disease Control and Prevention, 1998

*Pregnancy rate could not be calculated for the following states because they did not provide abortion data by age for 1992-1995: Alaska, California, Delaware, Florida, Illinois, Iowa, New Hampshire and Oklahoma.

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By Mary Gunden

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